



PUBLIC EMPLOYMENT RELATIONS COMMISSION

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DO NOT WRITE IN THIS SPACE

PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

☐ Amended Petition in Case _____
Instructions: www.perc.wa.gov/Forms/E-1-Inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

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PUBLIC EMPLOYMENT RELATIONS COMMISSION

1. PARTIES

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

EMPLOYER Washington State Office of Insurance Commissioner
CONTACT PERSON Vernon Stoner
ADDRESS PO Box 40256
CITY, STATE, ZIP Olympia, WA 98504-0256
TELEPHONE 360-725-7047 ext. _____
FAX 360-586-2018
E-MAIL VernonS@oic.wa.gov

ATTORNEY OR REPRESENTATIVE UnKnown
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____ ext. _____
FAX _____
E-MAIL _____

PETITIONER Susan Campbell
CONTACT PERSON _____
ADDRESS 17618 30th Dr SE
CITY, STATE, ZIP Bothell, WA 98012
TELEPHONE 425-205-1021 ext. _____
FAX _____
E-MAIL mclintock70@comcast.net

ATTORNEY OR REPRESENTATIVE Dennis Redmon
ADDRESS 1118 East D Street #7
CITY, STATE, ZIP Tacoma, Wa 98421
TELEPHONE 206-713-5768 ext. _____
FAX _____
E-MAIL Dennis@fairwa.org

INCUMBENT BARGAINING REPRESENTATIVE

Indicate one.

- ☐ The parties are not currently represented for bargaining; OR
☒ The employees involved are currently represented by the organization below.

ORGANIZATION WA Federation of State Employees
CONTACT PERSON _____
ADDRESS 1212 Jefferson St SE
 #300
CITY, STATE, ZIP Olympia, WA 98501
TELEPHONE 800-562-6002 ext. _____
FAX 360-352-7608
E-MAIL unknown

ATTORNEY OR REPRESENTATIVE Unknown
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____ ext. _____
FAX _____
E-MAIL _____

2. DESIGNATION OF REQUEST

Indicate one.

☐ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.

☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.

☒ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.

☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.

☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.

4. OTHER RELEVANT FACTS

Indicate one.

☐ Additional information is set forth on separate sheets of paper attached to this petition.

5. SHOWING OF INTEREST

A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

3. BARGAINING UNIT

EMPLOYER'S PRINCIPAL BUSINESS Insurance Regulation
DEPARTMENT OR DIVISION INVOLVED Insurance Commissioner

COLLECTIVE BARGAINING AGREEMENT

Indicate one.

☐ The parties have never had a contract; OR

☒ A copy of the parties' current (or most recent) collective bargaining agreement is attached.

NUMBER OF EMPLOYEES IN UNIT 4

DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.

Supervisory Insurance Examiners Bargaining Unit

6. AUTHORIZED SIGNATURE FOR PETITIONER

PRINT NAME Susan Campbell **TITLE** INS EXAM

SIGNATURE Susan Campbell **DATE** 4/1/09

filed by representative with petition copy